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Developing parental understanding of learning disabled children

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DEVELOPING PARENTAL UNDERSTANDING OF LEARNING DISABLED CHILDREN

by

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CHAPTER I

INTRODUCTION

Overview of The Problem

Michael's parents became aware early that their child was different from other children. Mike never liked to play with the toys most children gravitate to. As he grew older, he remained listless and played aimlessly.

When Mike was thirteen months old, his pediatrician suggested a neurological examination. The neurologist briefly examined Mike and told his mother that she had a severely retarded son, and he should be placed in an institution for the rest of his life. In panic, the family consulted another neurologist who explained to them that Mike was mildly retarded. A third neurologist told them that there was nothing that could be done for Mike.

Mike remained listless through his preschool years. When he was five years old, he entered a public school kindergarten for retarded children.

The following three years changed a quiet, sweet boy into an irritable child. The first year, Mike would only scribble endlessly with crayons and display a short attention span. His parents began to wonder whether Mike

was, in fact retarded.

Midway through the first year of school, a school psychologist told Mike's mother that her son was emotionally disturbed, not retarded, and that he should be transferred to a class for the emotionally disturbed. The psychologist also suggested counseling sessions for both Mike and his parents at a mental-health clinic in their community. But a year of therapy did not achieve improvement.

Mike drifted through the first four years of school. He could not learn the alphabet, but he memorized a hundred words in his reading book and would 'read' to his teacher. Mike refused to try anything he did not think he could accomplish. Many times he would balk at having to go to school everyday. And, periodically, he would become so frustrated with himself and with others that he would engage in classroom quarrels.

Mike's mother recalled that no one was willing to give them any help in trying to understand their child. The professionals they consulted did not seem to want to commit themselves to a specific diagnosis regarding Mike's behavior and learning problems.

When Mike was eleven years old, his father was transferred to a large city in a Mid-Atlantic state and Mike was place with his age group in a regular fifth-grade classroom. His teacher immediately realized he could not achieve at that level. She suggested an examination by a

pediatric neurologist, a specialist in neurological disorders of children. This specialist was the first doctor to identify Mike's problem as a learning disability combined with petit-mal seizures.

Mike's learning disabilities varied. He had a perceptual problem. All printed material appeared in blur form to him in spite of his normal vision. Everything else appeared upside down or reversed. Because of these perceptual difficulties, Mike could not decipher a printed page. Mike had difficulty with basic number concepts. He could not figure out if the number of blocks in one pile was more or less than the number of blocks in another pile. He could not hold up two fingers when asked or say the number of pieces he would have if he cut an apple in half. Mike could not work well with his hands. Because of a relative lack of control over his small muscles, his ability to draw and to write was limited.

The physician's report stated that the only way Mike could be helped was to have intensive teaching assistance administered by a person specially trained in working with learning-impaired children. Mike was enrolled in a private school for learning disabled children. His education began at his present level of functioning.

Most of Mike's time was spent in individual training with specialists in perception and co-ordination. They helped to untangle the scrambled way Mike saw letters and numbers. Their work with concrete teaching aids improved

his ideas about quantity and improved his arithmetic ability. He had to learn the difference between directions (up and down) and between distances (far and near) in relation to his own body. Mike was given carefully guided exercises to develop efficient co-ordination between his hands and his eyes. His medication ended his petit-mal seizures, which had accounted for Mike's lack of curiosity, his listlessness, and his tuning people out.

In two years, Mike achieved the work of fifth grade level, and eventually he reached a level only one year behind children his own age. His chronic frustration and irritability disappeared and he became alive and alert.

Mike's father stated that for the first time, things were being explained to them about their son's learning problems.

> Now we could work together. When he reverses letters on his homework, I don't holler, 'Concentrate!' I know it's not his fault. The rural school never told us he had a special problem. I had seen his letter reversals, but I didn't know what they meant.[1]

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[1]Milton Brutten, Ph.D., Sylvia O. Richardson, and Charles Mangel, Something's Wrong With My Child (New York: Harcourt Brace Jovanovich, Inc., 1973), pp. 16-19.

"There is no single factor in the life of the learning disabled child more essential to his general happiness and overall ability to achieve than his relationship with his parents."[2] Because of the parents' key role in relation to their child, it is quite understandable that parents of children with learning disabilities should feel some fear or apprehension or even a sense of inadequacy. Much of this parental anxiety stems from a lack of understanding of their child and the nature of his problem.

The words "disabled" and "disability" are sufficient to prompt fear in the parents of learning disabled children. For this reason alone it is necessary to understand what is meant by the term, "learning disability." The National Advisory Committee formulated the following widely accepted definition:

> Children with special (specific) learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to

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[2] Sandra J. McLaughlin, Your Special Child: Puzzling And Puzzled (Pittsburgh, Pa.: Junior League of Pittsburgh, Inc., 1973), p. 6.

environmental disadvantage.[3]

Learning disabilities make it difficult for children to learn normally and to behave well. Some of these children, though they perform well in other ways, cannot learn to read or write or spell or do arithmetic problems. Some cannot speak in organized sentences. Many are unmanageable.[4]

The learning disabled child has an intellectual potential that is normal or better, but he functions on a lower level because of his specific impairments. Special techniques can help most learning disabled children and can narrow the gap between them and children who have no learning handicaps.[5]

> . . . In short, there appears to be an inability on the child's part, all too often mistaken for deliberate unwillingness, to satisfactorily accomplish certain physical and mental tasks that have become commonplace for other children in his age group. The ultimate result is, of course, quite predictable: his learning problems produce academic and social failures to the end that he either gives up entirely or becomes unacceptably aggressive in his continuing efforts to

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[3]Samuel A. Kirk and Winifred D. Kirk, Psycholinguistic Learning Disabilities: Diagnosis And Remediation (Chicago: University of Illinois Press, 1971), p. 4 quoted in Education of Handicapped Children (Washington, D.C.: U.S. Government Printing Office, 1968), p. 14.

[4]Brutten, Something's Wrong, p. 1.

[5]Brutten, Something's Wrong, p. 2.

succeed in spite of his undetected problems.[6]

The parents of the learning disabled child find that they are bombarded with advice and supportive treatment from all sources such as from relatives, friends, and neighbors. Confused and bewildered, the parents are left with the responsibility of answering the question, "What is best for my particular child?"

The concern of the child's parents is understandably great.

> . . . They require as much help as their child. These parents are no less obligated to society than the parents of a normal child to transmit the culture and help the child to become a sufficiently acceptable member of his social group, that he may survive socially as well as biologically.[7]

Unfortunately, the parents of the learning disabled child have been misunderstood and neglected by many. They have received minimal concrete assistance from professionals regarding their child. Too many professional specialists give parents the feeling that they have little time to discuss the problems of the child with them, they communicate in a technical language that confuses and

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[6]McLaughlin, Your Special Child, p. 10, quoted in Resource Handbook on Learning Disabilities And Behavior Problems (Buffalo, N.Y.: Association for Children with Learning Disabilities of Western New York, 1971), p. 2.

[7]Ray H. Barsch, "Counseling The Parent of The Brain-Damaged Child," in Educating Children With Learning Disabilities: Selected Readings, ed. by Edward C. Frierson and Walter B. Barbe (New York: Appleton-Century-Crofts, 1967), p. 145, quoted in Journal of Rehabilitation, XXVII (May-June, 1961), 1-3.

overwhelms them, and generally they display little or no interest in their personal problems.[8]

There is a strong need for professionals to "overhaul" their customary procedures and to prepare themselves to assist parents who need to understand their learning disabled child. The purpose of medical, psychological, and educational tests or evaluations is to increase understanding of the nature of the child's problems so that ways of remediating the problems will follow. In turn, a parent needs to understand his child's abilities and disabilities in order that he or she can help the child to understand himself in order to function better in whatever conditions that are imposed upon him.[9]

A parent who is encountering a complex situation can do many things to support his child when he is called "stupid" because he is not performing physically, intellectually, or emotionally as the other children. A parent who is uninformed and bewildered by it all is unlikely to maintain the proper perspective and certainly will be unable to help his child. Teachers, parents, and peers who have not learned to appreciate individual differences that may occur among children, often make life very difficult for

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[8]Barsch, "Counseling The Parent," p. 145.

[9]Bernice Munsey, "The Parents' Right To Read," Journal of Learning Disabilities, VI (June-July, 1973), 394, cited in Special Education Information Center Newsletter, (November 1972).

the child with learning problems. They are uninformed and do not seem to understand such difficulties.[10]

The parents' obligation to understand and then to support is present from the beginning of the child's problem. The professional's obligation to inform the parent - carefully, thoroughly and with the use of every tool at hand - must be present from the start. With the professional's awareness of the need for parent direction, counseling, and ongoing support, parental feelings of guilt, rejection, and hostility will be minimized. They will be able to reach out to their child and be supportive and loving and helpful.

When a handicap affects a child, it will undoubtedly have a significant effect on the child's parents. This suggests the importance of early identification of parental attitudes and the institution of appropriate counseling by professionals so that parents will acquire an understanding of their child in order to assist him with his learning disability. There has been an awakening concern within the professions regarding such problems of the parents of the exceptional child. More attempts are needed to conduct research or to develop theoretical conceptualizations concerning the various methods in which professional personnel can assist parents in developing an understanding of their learning disabled child.

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[10]Munsey, "The Parents' Right To Read," p. 394.

Purpose of The Present Research

The purposes for this research paper are twofold: First, to survey the most significant literature which describes specific counseling methods that can be utilized by professionals to develop parental understanding of their learning disabled child. (Counseling methods will be divided into two categories: individual guidance and group discussion.)

The second purpose of the present research is to describe various home management and remedial techniques for the parents.

Summary

This chapter presented a brief overview of the problem under investigation, namely the dilemma in which parents of learning disabled children find themselves. The two major purposes of the present research review were stated; specifically the roles of professionals with parents and parents with children.

CHAPTER II

REVIEW OF LITERATURE

One young person who was having difficulties in school was asked to write a theme. He wrote the following:

> I am a watermelon. I am lying on the sidewalk. I have a crack in my side, and all my pink is running out. I cry, 'Help! Help!' Nobody comes.[1]

Parents of learning disabled children must find ways to help their child to overcome his problems and, at the same time, build on the abilities he does have and those he will develop. The primary question that evolves from a parent's mind is, "What can I do to help my child with his learning problems?"

> Parents want full understanding and honest answers about their child and his learning disorder, based on a studied analysis of the child. In this day of increasing parental awareness, simple stop-gap measures are less in demand. Parents are becoming aware of the vast importance of proper diagnosis and meaningful, consistent treatment. Parents do not want the moon on a silver platter; they reasonably desire a logical plan of action, good health for their children, some guidance in practical day-to-day matters, and consistent evidence of progress in their child's treatment.[2]

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[1]Bert Kruger Smith, Your Nonlearning Child (Boston: Beacon Press, 1968), p. 29.

[2]Ray C. Wunderlich, "Resolute Guidance for The Learning-Disabled Child," Academic Therapy Quarterly, VII (Summer, 1972), 395.

Counseling

Parents of children with learning disabilities carry an important key to helping their children achieve social, emotional, and educational mastery of their disabilities. There is no one approach to developing parental understanding of their child. There is, however, a growing body of knowledge and counseling skill being developed concerning growth and change in parents' attitudes and in helping their children achieve a greater sense of mastery.[3]

Counselors must concern themselves with the parents' fears and anxieties and their feelings of guilt and shame. While the strains and tensions suffered by the parents of the learning disabled child cannot be eliminated, it is often possible to increase their ability to tolerate tension. Adequate counseling will also result in modified behavior by parents. Every counseling program should involve specific plans for the parents and the child. Counseling is intended to help well-integrated people to understand and to deal more adequately with the problems growing out of the presence of the learning disabled child.[4]

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[3]William C. Adamson, M.D., "Helping Parents of Children with Learning Disabilities," Journal of Learning Disabilities, V (June-July, 1972), 327.

[4]Charles W. Telford and James M. Sawrey, The Exceptional Individual (Englewood Cliffs, N.J.: Prentice-Hall Inc., 1972), p. 111.

To involve parents in the process of understanding and of educating their learning disabled child, one must utilize a counseling method designed to meet their individual needs. The counseling methods that will be described are divided into two categories which are individual guidance and group discussion. The methods include various professional approaches related to specific parental needs.

Individual Guidance

Individual guidance, as a method of parent counseling, is a natural part of the relationship between parents and members of many professions. The physician, the psychologist, the educator, and the social worker are are some who may become involved in parent counseling.[5]

Some elementary principles of parental counseling include the following:

1. The Importance of Listening.

To be effective, counseling must be appropriate to the feelings, attitudes, and personality of the counselee, as well as to his intellectual and informational level. The only way to determine the counseling needs of a given person is to let him state them in his own way. The parents should be encouraged to talk about their problem child, the nature of the problems with which they want help, what has been done for the child, and their plans and expectations.

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[5]Jane W. Kessler, Psychopathology of Childhood (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1966), p. 418.

By listening, the counselor can usually get some idea of the feelings and attitudes of the speaker. He can deduce something concerning the degrees of guilt, conflict, and confusion the parents are experiencing.

2. The Problem of Terminology.

Most of the parents of learning disabled children do not understand professional jargon. Communication must be in terms of the parent. If parents refer to their child as a 'slow learner,' the counselor can adapt and use this term in discussing the child. Their meaning will become clearer as the exact nature of the child's condition becomes clearer. Professionals will improve their relationships with parents by treating the child as an individual rather than as a 'case.' The counselor should be interested in learning about the abilities and disabilities and the unique characteristics of the child under study, rather than classifying, categorizing, and labeling him.

3. The Problem of Acceptance.

The counselor will remember that while his primary concern is for the child, the parents are also troubled. They are in conflict. They have feelings of shame and guilt. They are subject to terrific social pressures and are vulnerable to criticism. Understanding, acceptance, and empathy is considered to be a fundamental requirement of a helpful counseling relationship. If the counselor is to be most effective, he must help parents to a better understanding of

themselves, their child, and their relationships and, at the same time, not take over by providing too much advice and assistance. It is primarily the parents' problem and no one else can solve it for them. The consequences of proposed practices can be suggested, alternatives can be proposed, and appropriate plans can be sanctioned.

4. The Importance of Feelings and Attitudes. While some parents act inappropriately because they do not know how to act in any other way, far more act less adequately because of anxieties, hostilities, and guilt feelings. It is therefore essential that counseling be concerned with feelings and attitudes as with giving information. Parents need help in clarifying their feelings.

5. The Place of Interpretation in Counseling. All parents need information. However, information requires interpretation; the meaning of the learning disability is more important than the presence of the condition. The interpretations of the counselor will provide information which is as complete and accurate as possible. They will dispel misconceptions.

6. Imparting Diagnostic Information. One function of counseling is to help parents realize the nature and extent of their problem as early as possible. Understanding and acceptance of a diagnostic report cannot be forced. Time is required, and counselors can only present the available data as completely and as honestly as possible and hope for its eventual acceptance. Exact test scores are

seldom disclosed. Intellectual status and achievement are usually more meaningful when they are stated in terms of appropriate mental age or school grade equivalents. Asking the parents to indicate their estimates of the child's level is often helpful. When the parents' estimate is in approximate agreement with intelligence test scores and other evidence of achievement, a simple confirmation of the parental judgment may be sufficient.

The initial rejection of many diagnoses and their implications is to be expected. Only the parents can make the critical decisions. Counselors can only assist in the process. Every person has some positive attributes, and diagnosis should be as concerned with what the person can do as with what he cannot do. Plans which are built around what the child is able to do and formulated so as to take maximum advantage of his abilities may be more palatable to the parents than plans which are dominated by the child's disabilities.

7. The Importance of Plans.

Specific plans for the learning disabled child should be considered as early as possible. The typical starting point for planning is the parents' conception of their child's future. A plan which they have considered, together with alternatives suggested by the counselor, is the beginning. Planning for the future is a continuing process and is never complete. If the parents leave a conference with nothing more than a commitment to attend a meeting of parents with

similar problems to exchange information and plans, they have taken an important first step.[6]

Medical Counseling

Ong states that counseling the parents should be the primary responsibility of the child's pediatrician. He is the member of the multidisciplinary team who is the most familiar with the child and his family. Proper interpretation of the child's problems is of the utmost importance.

Initially, the pediatrician must realize that there is a great amount of anxiety and sensitivity surrounding the child's failure to perform normally and to live up to expectations. This produces an ambivalent attitude in the child. On the one hand, the parents are desperately seeking an answer to the child's problems and on the other, they have an underlying fear that there might be something wrong with his brain.

Ong feels that before initiating counseling, it is wise to probe the parents' feelings to determine the direction of counseling and to assure them that the discussion is open with as much awareness of the parents' feelings as possible. At the outset, it is wise for the pediatrician to make it clear that the child does not have mental retardation, cerebral palsy, or some progressive

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[6]Telford, The Exceptional Individual, pp. 111-116.

neurological disease since this is one of their primary concerns even though it may not be apparent.

The significant findings from the child's history and from the examination should be explained which is best stated in simple language with use of concrete examples of the various types of difficulties observed. Findings on the other special tests should be included in this phase of discussion. Practical suggestions as to the management of the child are of inestimable value.

The pediatrician should have an optimistic outlook regarding the child's learning disability and this should be conveyed to the parents. The favorable outlook assumes early recognition and sympathetic understanding on the part of all of those responsible for diagnostic studies, as well as for the planning of therapeutic and remedial programs. The pediatrician must be in the position to provide continuing guidance.[7]

Psychological Counseling

A three dimensional approach is described by Adamson in counseling parents to understand their child's learning problems.

In the first dimensional approach, emphasis is placed on educative counseling; that is, educating parents

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[7]Beale H. Ong, "The Pediatrician's Role in Learning Disabilities," in Progress in Learning Disabilities, ed. by Helmer R. Myklebust, I (New York: Grune and Stratton, 1968), pp. 107-109.

in routine, regularity, and repetition. By routine, it is referring to 'structure' in the home environment as it applies to time, space, and movement for the child. Routine is being thought of as a state of mind which helps parents find confidence and strength to help their child grow and develop.

In defining regularity, parents are encouraged to plan the child's life at home in the same way every day as much as possible within the family style of living. Along with the importance of routine and regularity, the need for repetition of possible learning experiences is emphasized. It represents an attempt to reinforce successful experiences while trying to alter or eliminate negative experiences.

In establishing a 3R-program between parents and child, the psychological principle of applying control from the outside for the dysfunctional child by parents is stressed until the child is able to build up controls from within. Another important principle is the reduction of decision-making on the part of the child. By planning a structured environment, fewer decisions have to be made by the child and this reduces tensions, frustrations and anxiety experienced by the child as well as struggles of will which might be set up between parent and child.

In the second dimension, the focus with parents is on interpretive counseling. The parents are encouraged, trained, and educated to read their child's behavior in terms of the underlying emotional feelings which are the

mainspring of the behavior. Parents are asked to develop a "stop! look! listen!" attitude. The parent is to stop to listen to what the child is saying before moving too quickly to ask questions of him. By stopping to look and to listen, parents become the model of a listening person for the child, who cannot delay his impulses long enough to think of the consequences.

In addition, parents are counseled to ask questions of their child which invites the expression of their 'built-up' feelings that have accumulated during the day at school. Out of such a healthy verbal expression by the child and open acceptance of strong feelings by the parent, a deeper sense of mutual appreciation and trust for one another will emerge between parents and child.

An equally important part of the second dimension of interpretive counseling for parents is helping them to work through their own feelings about being parents of a learning disabled child. The parents are impelled to seek assurance that their child will outgrow the problem or will be made nearly normal again. By staying with the situation as it is revealed in the diagnostic teaching and psychodiagnostic studies, the nature of the learning disability in the child is uncovered and is discussed with the parents. There is a shift from denial to partial or more total acceptance in the parents of their child's learning disability. As a result of increasing acceptance of the child, parents are free to move toward constructive programming for their child.

The third dimension of work with parents is called the habilitative dimension. Parents are included as part of the helping team from their first contact with the school. They prepare the child for school and set the tone for readiness of their child to use the school. They prepare the child for coming, working with him on the reasons and the needs for coming and helping the child with feelings of separation anxiety. Parents are encouraged to have their child express his mixed feelings about the school. Counseling is given to the parents to be supportive of the school program and its effect in educating their child.

The most significant goal in working with parents as part of the habilitative team is to help them build 'a bridge of mutual trust' between the home and school. Once this bridge is firmly established, parents, their learning disabled child, the total family and the school staff can all walk the bridge together.[8]

Counseling parents on techniques of relating to and with their learning disabled children is treating at least one of the causes of learning difficulties if not the most important one. One of the goals of Baker's study is to assess the effectiveness of maternal counseling as it influences the relationship between the mother and child. Parental understanding of their child must be developed in order to help the child improve in his behavior and school

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[8]Adamson, "Helping Parents," pp. 327-330.

performance.

The students selected for Baker's project were in grades one through five. The final forty-eight students that were selected were divided into two groups of twenty-four each. For one group of twenty-four students, there were two special classes of twelve each which involved group instruction in reading and various forms of learning exercises. The other group of students was tutored on a one-to-one basis.

To determine the effectiveness of counseling on the academic and other performances of the students, Baker further divided each of these two groups of twenty-four in another manner. In an experimental group, twelve students came from the special class group and twelve from those receiving tutoring. These twenty-four students were further divided into three groups. Eight students, in each primary intervention group, received play therapy, eight mothers received counseling, and in the remaining eight, a combined method was employed in which mothers received counseling and the child received play therapy, a form of counseling. The counseling sessions with the mother were of one hour duration and involved seven to ten sessions. The play therapy was conducted in a one-to-one relationship for seventeen to twenty-two sessions of forty minutes each. The other twenty-four students were used as a control for the counselled group.

For those in the group teaching class, the parental

counseling and the play therapy did significantly contribute to improved class performance at the 5 per cent level of significance. The conclusion is that high quality counseling, when added to the group class instruction, adds significantly to the improvement in parent-child relations and to the general performance of the class.

For those in the tutoring group, play therapy only with the child, or counseling only with the mother, or a combination of play therapy and parental counseling brought about a greater improvement in achievement and test performance than when only tutoring was employed. Baker also found that if any one of the three types of counseling is added to the tutoring method, there is a significant improvement in the parent attitude and understanding toward the child, the child's achievement factors, and the adjustment pattern between parent and child. There is also some indication that when neither the mother nor the child has been counseled, there is a deterioration in the parent-child adjustment score.

Baker concluded that when parents are given a high quality counseling or when parent counseling and play therapy are combined, each or both become an effective method for understanding and treating learning disabilities in children. The high level therapy, then, was instrumental in causing a change in the parent-child relationship to a greater extent than was either the tutoring or the special class situation singly. The counseling of the parent or play

therapy with the child proved to be a valuable treatment as an adjunct to the services of either the special class or the tutoring situation.[9]

Social Work Counseling

The learning disabled child has been given little attention as a treatment entity by social workers. The social worker can be of considerable assistance to the parents in the recognition of this disability and in the acceptance of the diagnosis. One aspect of the social worker's role is to provide counseling and guidance for the parents of a child with a learning disability. He must perceive his role as one of helping parents to secure additional direct help for the child when it is needed while providing concurrent counseling.[10]

Fuchs, a school social worker, developed a program to counsel parents who have a learning disabled child. The program is in a small suburban school system in Oreland, Pennsylvania. Fuchs describes her response to parents as

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[9]Bruce E. Baker, M.D., "The Effectiveness of Parental Counseling with Other Modalities in The Treatment of Children with Learning Disabilities," unpublished Ed.D. dissertation, reviewed by John V. Gillmore in Journal of Education, CLIV (October, 1971), 77-79.

[10]George R. Krupp and Bernard Schwartzberg, "The Brain-Injured Child: A Challenge To Social Workers," in Educating Children with Learning Disabilities: Selected Readings, ed. by Edward C. Frierson and Walter B. Barbe (New York: Appleton-Century-Crofts, 1967), p. 152, cited in Social Casework, XLI (February, 1960), pp. 63-69.

one of understanding and acceptance of their feelings and expressions of concern and frustration of their child. The parents are seen at two-, three-, and four-week intervals, depending on interest and need. It is necessary that effective social work skills be utilized in helping parents to come to terms with their feelings.

The initial interview with the parents focuses on reviewing the reason for their child's placement in a class for the learning disabled. Most parents come to the social work interview with unresolved feelings of guilt, shame, and denial which indicate their lack of understanding and acceptance of their child's disability.

Parents are encouraged to understand and support their child's school experience. In individual meetings, the need to help the child feel secure in the new class is stressed. It is explained that during the beginning weeks, emphasis will be placed on building the child's confidence by giving him materials according to his individual level of functioning to assure success. Each question that is asked by a parent is fully answered in order to insure complete understanding of his child.[11]

Teacher Counseling

Individual counseling between the teacher and parent

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[11]Lucy Fuchs, "Special Classes for The Learning Disabled," Social Work, XVII (November, 1972), 87-89.

is another aspect of developing parental understanding of the learning disabled child. Parent-teacher conferences are established for two purposes: to give the teacher some insight into the home and family situation and to give the parent a report of the child's progress in school.[12]

Because the impact delivered by the person who first tells parents that something may be wrong with their child can be devastating, the teacher who recognizes the child must be familiar with the nature of learning disability and must learn to individualize her approach as much as possible for the child. The teacher's ability to assist the parent depends on her own sense of confidence in herself as a person and as a teacher. She has to convince the parents that she likes their child, that she is primarily interested in his welfare, and that she knows his good points as well as his failings. She must convey her sincere interest in helping the child develop as a person and she must convey respect for the parent. The teacher who will listen sympathetically and avoid any suggestion of smugness or overbearing authority can do much to help parents through a time which is as difficult for them as for their child.

The teacher's first duty at the conference is to determine the parent's present understanding of the child's learning problem. If the parent is not aware of the problem, actively denies the problem, or evades the problem,

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[12]Kessler, Psychopathology of Childhood, p. 419.

the teacher must first deal with the parent's attitude. Above all, the teacher needs to be sure that the parent understands exactly what is being explained to him or to her. The teacher needs to encourage the parent to tell about related problems he or she has observed at home and to develop suggestions for helping the child. Only by a non-critical, honest, objective discussion by what she has observed in the classroom can the teacher bring parents around to the understanding and cooperation essential if the child is to achieve.[13]

The specific counseling methods that were described utilized several professional approaches for individual guidance of parents designed to develop understanding of the learning disabled child. Parents can also learn about their child's learning problems by attending group discussions.

Group Discussion

Group discussion ranges from an informal exchange of information and experiences among a group of parents with common problems to formal counseling by a trained and experienced leader. Experience indicates that working with groups may have some unique advantages over individual

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[13]John M. Dodd and Nancy S. Dodd, "Communicating with Parents," Academic Therapy Quarterly, VII (Spring, 1972), 280-283.

counseling.[14]

Some of the advantages of group counseling of the parents of learning disabled children include the following:

> 1. The group gives the parents emotional support. Groups of people with common experiences and similar needs feel free to express their feelings, attitudes, and beliefs. The group identification which typically develops as the result of shared experiences and common feelings seems to lessen the individual's emotional burden. The mere discovery that many other reasonably normal and adequate parents have similar conflicts and frustrations helps many parents to put their own problems in a different perspective.
>
> In the group situation the parent is free to proceed at his own rate. He can bring up and focus on problems that are most significant to him. In group discussion he is able to clarify his own ideas and feelings. Self-pity, guilt, and shame diminish when a parent discovers that others have shared and surmounted his problems.
>
> 2. In the group situation, parents educate each other. The typical group of parents of exceptional children have, in toto, accumulated a tremendous amount of information about exceptional children and the resources available for their diagnosis, care, and treatment. They are able to save each other a tremendous amount of time, money, and emotional stress by the exchange of information and experiences. And parents are generally more receptive to information, advice, and counseling coming from people like themselves than they are to the same information provided by professionals.
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> 3. Programs for action are more likely to succeed as the result of group endeavors than when individuals act alone.[15]

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[14]Telford, The Exceptional Individual, pp. 116-117.

[15]Ibid., p. 117.

Barsch describes a program of group discussions for mothers of children with organic damage and learning difficulties. The sessions were based on observations made in a careful training experiment on children with organic difficulties. In this demonstration, the behavior and needs of the children were observed and catalogued in order that parents could be helped in the day-to-day care for the young child. Concerns of these parents were dealt with in these sessions, which were held on a continuous basis from September to June. Eight to ten mothers were in a group and no more than six couples in the parents' gatherings.

This program was an attempt to provide a comfortable group setting where parents meet regularly with an understanding professional to discuss their everyday problems concerning their children and to learn from other parents. Additional objectives were:

1. To constructively alter the parents' perception of the brain-injured child.

2. To teach parents principles for day-to-day identification, understanding, and guidance of the child's behavior.

3. To correct misconceptions, folk tales, and mystrial beliefs regarding handicapped children.

4. To acquaint parents with present knowledge in the field of child growth and development.

5. To teach parents to recognize significant cues in their child's behaviorisms that are indicative of needs.

6. To teach them a systematic and consistent method of aiding development of organized response patterns in their child.

A unique feature of these sessions was that the counselor related directly to the parents. The format for all discussion periods with the counselor serving as moderator moved through the following five steps: (1) reporting on a specific problem; (2) labeling the characteristics; (3) comparing to normal development and growth; (4) listing situational elements and skills; and (5) proposing a method to deal with the problem.

The program proved to be supportive and helpful. It gave reinforcement and aid to parents who talked about actual home situations, such as discipline, eating problems, management of self-help skills, and other disturbing aspects of the child and family interrelationship. Some parents were able to reach the maturity stage in their relationship with their child without a great deal of outside help.

Barsch states that experience with thirty-eight groups over a seven-year period brought the following facts to light:

1. All parents start the group process at an information-seeking level. They want to ask questions and receive specific answers. They want to know what to do, how to do it, and when.

2. This first stage gradually gives way to a sharing process in which they try to help each other by

citing their own successes or failures and discussing each other's specific problems.

3. This sharing stage gradually gives way to the feeling stage in which they help each other to examine their own feelings about their child's behavior.

4. From this stage, they move into the generalization process in which they begin to consider the dynamics of child development and parental relationships for their other children as well.

5. The parents finally arrive at a maturity stage in which they integrate their child into their total family unit and deal effectively with his problems and learn guiding principles to apply to their family relationships.

Barsch feels that this method has potential for effective counseling with parents of other types of children's problems. Through such group counseling, parents begin to have confidence in themselves as parents and as human beings, and they then become able to cope with increased strength and understanding with many of the problems attendant to having a disabled child.[16]

Psychological Group Counseling

Barsch has emphasized the utilization of parent discussion groups; similarly, Bricklin describes a program in which parents are counseled in a group regarding their

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[16]Barsch, "Counseling The Parent," pp. 146-151.

child's learning disability.

When a child enters Parkway Day School, Pennsylvania, his parents also enter a parent counseling group composed of about six couples who meet weekly with a group leader. The philosophy underlying these sessions is that parents have very important and specific roles to play in the helping process of their children.

The first purpose of the group sessions is to provide the parents with information concerning learning disabilities. The parent comes to the counseling sessions with three important questions:

1. What is this learning disability my child has?
2. What caused it? (Who is to blame?)
3. How long will it take to overcome it?

Initially sessions are spent discussing the varying types of learning disabilities, identifying the problems of particular children, showing similarities and differences among different children and categories, spelling out and defining characteristics, and listing things that can be expected with the passage of time. The focus then becomes: What can we do to help?

The second purpose of the sessions is to provide a liaison between home and school. Information about the child's reactions at home and school can be pooled, to better plan a coordinated program. Parents have many questions about a special school program and many feelings to express. The importance of knowing someone else understands how one

feels can never be overestimated.

The third purpose of the meetings is to help parents to understand the behavior of their children and to understand the feelings in the child which generate certain kinds of behavior. Along with this parents work on understanding their own reaction to and feelings concerning the child's behavior.

Parents begin to understand that before the child can change they must accept him as he is with all his problems. Parents start to learn to accept themselves as they are, to be honest with themselves and gradually to reduce their anger both at themselves and their children. They work on effective ways of setting limits and encouraging independence.

The degree of structure the leader gives to the session and the amount of leader participation is great. As the sessions progress to areas involving feelings and reactions to children's behavior, leader participation diminishes. During this phase the leader accepts and acknowledges feelings, keeps the discussion problem-oriented and serves as a sounding board against which various solutions to problems can be tested.[17]

In agreement with Barsch and Bricklin, Anderson believes it is very important that parents of learning

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[17]Patricia M. Bricklin, "Counseling Parents of Children with Learning Disabilities," The Reading Teacher, XXIII (January, 1970), 332-335.

disabled children be involved in a sharing, give-and-take situation with other parents, in which they discuss their children's problems. A psychotherapeutic program of treatment was developed at St. Christopher's Corrective Learning Center in Lubbock, Texas. The program begins with an orientation for teachers and parents. Its purpose is to provide them with practical assistance in dealing with everyday life problems encountered with the child and to aid him in overcoming his self-defeating behavior patterns.

Within the program, the first level of therapy for the parents occurs in parent meetings. These are held once or twice during the quarter in a group-therapy setting. They include informal discussions about problems that have arisen at home or in the school. The group sessions follow Barsch's stages in a parent group; that is, all parents start in the group process at their information-seeking level. This first stage gradually gives way to a sharing process. The sharing stage gradually gives way to the feeling stage and from this stage, they move into the generalization process.

The parents are encouraged to share experiences between themselves and through suggestions concerning how situations at home may be handled. These discussions are meaningful and helpful in that they increase parental understanding of their child.

The second level of therapy for parents occurs in individual conferences with the teacher who tries to help

the parent understand the child as he functions within the classroom. At the third level, the parent may be referred to a professional therapist, if necessary.

The psychotherapeutically oriented approach helps learning disabled children to cope with discouragement and self-defeating attitudes. In addition, the program helps teachers and parents to cope with their concerns about the child and it tends to expedite his learning at a more efficient level.[18]

Social Work Group Counseling

As professionals in a family agency in New York, Golden, Chirlin and Shone began an experimental group approach, resulting from increased pressure of clients requesting help for children with learning disabilities. The lack of success of traditional casework therapy with these children led them to try a different approach involving two simultaneous groups and staffed by two distinct social agencies.

The children were underachievers in school, hyperactive and restless, and displayed a high degree of impulsivity. Immaturity, weak self-concepts and difficulty in coordination describe their general characteristics.

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[18]Robert P. Anderson, "Let's Treat Discouragement Too," Academic Therapy Quarterly, VII (Winter, 1971-1972), 134-136.

The treatment of choice was to be a specifically designed group activity therapy to help each child improve his self-concept, and create areas of adequacy which will lead to his improved learning. The interrelationships between family and child made it essential to include parents in the treatment process. A mothers' group was established to run simultaneously with the boys' group.

A diagnostic screening process was used to select a group of ten boys and mothers. The group was limited to mothers because five of the boys had no fathers and the other five were not motivated to participate. The children ranged in age from six through ten years. The boys would meet weekly on Tuesday for an hour at the Boys Club while the mothers would meet at the same time at the family service agency.

The main goal of the boys' group was to have each child begin to experience success in some area of his weakness in order to improve his self-image. Achievement is essential to the emotional survival of a child crushed by the burden of reinforced failure.

Through the group approach, the mothers of the boys were encouraged to explore and to evaluate their own unique family styles. The focus was on each mother's understanding of her child's emotional needs and behavior and on her ability to cope with problems that impeded adequate family life.

As the mothers compared experiences and described

behavior symptoms, they discovered they had much in common. Their guilt about their own mismanagement of the child's acting-out behavior was alleviated as they were helped by the worker to understand the symptoms of their child's learning problems.

The children and their mothers made progress in the group therapy. The mothers' group helped each parent to gain a better understanding of her son and of his learning disability and developed a more positive parent-child relationship.[19]

Teacher Group Counseling

The difficulties many parents have in accepting and understanding their child's learning disabilities is noted by Silver and Willis. At times they have noted direct evidence that the parents undo at home all of the child's educational progress or regained confidence accomplished at the school.

The Willis School for Educational Therapy in New Jersey is a special educational center for children with psychoneurological learning disabilities. In an effort to resolve the problem, a series of lectures on learning problems were scheduled in the evening in order to develop parent understanding of their child's learning problems.

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[19]Nancy Golden, Phyllis Chiglin, and Bernard Shone, "Tuesday Children," Social Casework, LI (December, 1970), 599-605.

The educational staff had observed that some parents were informed about their child's disabilities; however, this knowledge was intellectualized and of little use to them. Other parents were informed and used intellectualization as a defense against understanding the problem. Still other parents appeared uninvolved with their child and his problems but did not interfere with the school program. A fourth group of parents were uninvolved with their child and his problems and interfered with his progress. The lecturettes were designed to reach each of these four types of parents.

During the initial sessions all attempts by individual parents to talk privately about their child were discouraged. It was suggested that the questions be brought up in the group sessions. The parents quickly recognized that they were not alone and that other people had handicapped children. By the end of the third session parents were allowed to speak more freely about their specific problems. During the last few sessions they volunteered concerns and questions that reflected their newly developed awareness and openness. The interactions between parents and the staff increased during and after the session.

By the end of the series it was felt that almost all parents had become more aware of their child's problems and more cooperative with the staff. Many of these parents have had different professionals offer various explanations for their child's problems. They have been told that he will

outgrow it, yet he has not. They have been told that the child had problems because they did not love him enough. The lecturettes allowed these parents to explore all of the aspects of their child's diagnosis. Other parents had set up defenses which interfered with their acceptance of the diagnosis and frequently resulted in inappropriate behavior or interactions between parent and child. Through the sessions, parents had an opportunity to reevaluate this resistance.

Most of the parents who attended the lecturettes had changed favorably from quiet and defensive individuals to an active, learning, sharing group. This change also took place between parents where mother and father began to function as a team. The parents became increasingly aware of their child's problems and more available for suggestions concerning their role in the child's education. With the necessary knowledge to understand the problems and what can be done about them, they began to accept the reality of the child's handicaps and to react more appropriately.[20]

> An educationally handicapped student was working in an informal testing session with a teacher before being admitted to a special class. As the teacher was concluding the testing session, the child's mother walked through the door and asked:

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[20]Larry B. Silver and Elizabeth Ann Willis, "Lecturettes with Parents," in Progress in Parent Information, Professional Growth, And Public Policy, ed. by John I. Arena (San Rafael, Calif.: Academic Therapy Publications, 1969), pp. 138-141.

'Well, how dumb is he?'[21]

This example indicates clearly the problem faced when teachers deal with parents. McPhail poses the question of whether teachers can really remediate a child's learning problems without giving at least equal consideration to helping the parents understand their own feelings and the effects of these feelings on the child's progress. The degree of meaningful parent education and involvement will be critical to the long-range success of any program for the learning disabled child. These parents are faced with greater problems than most parents, and they deserve the benefit of learning all the skills of child management they can acquire.

McPhail stated that in evaluating their learning disabilities program at the end of the first school year, they noticed that they had failed to provide parent education and counseling programs. During the second year, a program was begun for parents of learning disabled children in order to help them to relate more effectively to their children. A dominant theme of the program was the development of a new sensitivity to the child's feelings.

Among the topics discussed were understanding discipline problems, the meaning of behavior modification, contingency contracting and developing responsibility,

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[21]Gail McPhail, "Getting The Parents Involved," Academic Therapy Quarterly, VII (Spring, 1972), 271.

helping the child with school, and seeking professional help if needed. The needs and interests of the parents determined the direction and depth of the discussions. Among the formats used to explore the subjects in the group were role-playing, panels, guest speakers, discussion of problem cases and experiments in group sensitivity.

While the parent-education group was meeting, a parent-aide program was instituted in the classroom. Each parent was asked to attend class once a week. All parents were asked to begin by observing the class; then, when they felt more comfortable, they were urged to begin working with the students.

As a result of the parent-aide program, parents were able to see progress and growth in other children as well as their own. Through being active in both the adult education class and the parent-aide program, all the parents felt they had acquired definite skills in relating more happily to their children, and they expressed a significant change in their sensitivity to their children's feelings.[22]

The specific counseling methods that were described utilized various professional approaches for group discussion that enabled parents to develop an understanding of learning disabled children. Another group approach which has emerged with success in assisting parents are the

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[22]McPhail, "Getting The Parents Involved," 272-275.

parent associations.

Parent Associations

Parent associations provide a powerful force for setting the future directions of special education activities. The parents may join a parents' association from which they can obtain constructive suggestions for their child's care. They discover other parents who are eager listeners and who seek their help as well. The parents' problems begin to shrink to realistic proportions as they learn that there are others who have children who are more handicapped than their own child and families who have faced greater obstacles than they in seeking suitable services. The parents feel that they are helping themselves and others, and they begin to realize that something positive can emerge from a negative situation.[23]

In the field of learning disabilities the scope and speed of the formation and growth of parent associations have been great. California, Illinois, Louisiana, New Jersey, New York, and Texas were among the first states to organize in behalf of such children. New York's Association for Brain Injured Children and Illinois' Fund for Perceptually Handicapped Children were organized in 1957. The California

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[23]Doreen Kronick, They Too Can Succeed: A Practical Guide for Parents of Learning Disabled Children (Belmont, Calif.: Fearon Publishers-Lear Siegler, Inc., 1969), p. 18.

Association for Neurologically Handicapped Children (CANHC) originally incorporated in 1960 (and reorganized in 1963) has been growing with increased membership. By 1967 a national organization, The Association for Children with Learning Disabilities (ACLD) had affiliates in fifteen states and Canada and contained about two-hundred local groups. Its advisory board includes widely known and special educators.[24]

Growth patterns are similar in most of these groups, for the ultimate objectives are the same in principle. Interest in newsletters and resource materials gradually evolves into concern with legislation and national affiliation. National affiliation opens the door to national conventions, the production of educational and public affairs materials such as pamphlets, films, and television programs. Ultimately concern turns to research and professional education programs.[25]

Parent associations have helped to create a positive public attitude toward learning handicaps in children; they have had a decided effect on the nature and quantity of legislation passed in behalf of the education of learning handicapped children at the state and federal levels; and they have had a wonderful effect on professional special

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[24] James J. McCarthy and Joan F. McCarthy, Learning Disabilities (Boston: Allyn and Bacon, Inc., 1969), p. 109.

[25] Ibid., p. 109.

educators.[26]

Parents of learning disabled children are in a better position to educate their children as a result of parent groups. Parents find belonging to organizations further (1) their sharing of problems and solutions; (2) their becoming aware of relevant literature; (3) their joining together for unified action to obtain better diagnostic treatment and educational facilities; and (4) their obtaining appropriate recreational and socialization activities for the children sponsored by a local association.[27]

To thousands of parents, parent associations have been the place to turn for guidance, for direction, for service and for an understanding heart. One family reported the importance of the group contacts with parents of learning disabled children.

> . . . We learned that there was hope if it were coupled with patience, and we learned that to bottle up the problem would do no good. To be able to talk with someone who has experienced the problem is a wonderful thing. It made it possible for us to break out of our emotional bind. Secretiveness is impossible for us now.[28]

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[26]Ibid., p. 111.

[27]Howard L. Millman, "Minimal Brain Dysfunction in Children - Evaluation And Treatment," Journal of Learning Disabilities, III (February, 1970), 96.

[28]William M. Cruickshank, The Brain-Injured Child In Home, School, And Community (New York: Syracuse University Press, 1967), p. 263.

Home Remediation

Clements, Director of the Child Guidance Study Unit at the University of Arkansas Medical Center, describes the following home management plan for parents of learning disabled children.

> The important thing to remember is that so much of the irregular, and often irritating behavior is beyond the control of the child. The knowledge that the youngster is not merely being 'hard-headed,' rebellious, and uncooperative can produce positive changes in attitude toward the child, which of course, is of paramount importance if the overall therapeutic program is to produce maximum results.
>
> The home management plan usually centers around an environment which is as free from extraneous stimulation as is reasonably possible. The environment should be simplified and structured in such a way as to produce a predictable, regimented, consistent everyday life pattern for the child, considering such features as:
>
> 1. A consistent 'wake-up' time each morning.
> 2. Regulated bed-time and nap-time (when appropriate).
> 3. Meals to be served at the same time each day.
> 4. The child's regular activities should be on a time-table schedule, i.e., a specific and consistent time for play, watching television, homework and study, chores, etc.
>
> With such a program, the child will learn what to expect and his habit formation tends to become self-regulating. Such routinization becomes a stabilizing influence for the child.
>
> The child should be prepared for any change in schedule as it becomes necessary, but avoid telling him too far in advance if he is a child who tends to become disorganized with anticipation of an upcoming event. In general terms, one should:
>
> 1. Explain (but do not detail) the reasons for the change in schedule for that day.
> 2. If a trip or visit is involved, relate the purpose, approximate length of stay, and briefly describe the physical surroundings.

3. Let the child help in the preparations, i.e., packing his things, making out the grocery list, fixing food for a picnic, etc.

Ideally, the child should have a quiet room of his own, or at least a part of one screened off if he is of school age, to help control the effects of over-stimulation. Special features of the room should include:

1. Simplified decor, with calm, solid colors (pastel blues, greens, or neutral beige).
2. Room should be as free as possible from distracting stimuli such as mirrors, pictures, etc.
3. The child's study desk and/or play-work table should be located away from distracting elements such as windows, play equipments, etc. This can be achieved by placing the desk in front of a blank wall so that the rest of the room will be behind the child.
4. Toys, hobby equipment, etc., should be kept out of sight when not in use. A cabinet with shelves and doors can be used for this purpose.

Discipline

The major purpose of discipline is to mold or pattern the behavior of the child to prepare him for living in our society based on the required standards for success and acceptance. In this regard, the rules of expected behavior should be simple, definite, and consistent from one parent to the other. The behavioral limits within which the child is expected to operate must be clearly communicated to him by both parents. The following general rules seem to work well. . . They should be modified, however, to fit the individual child and the family living situation:

1. Do not punish the child for behavior he cannot help or control, such as, clumsiness, hyper-activity, short attention span, reading disability, etc.
2. Be consistent in behavioral demands. Both parents must agree on rules of conduct, and the punishment for breaking such rules. The child will tend to become 'patterned' when he knows exactly what is expected of him.
3. Punishment should be designed to fit the child and to vary with the offense. The withholding of desired privileges and/or short-term isolation from family activities have proven to be effective. The cardinal rule is to 'punish the behavior and not the child.'
4. Punishment should follow immediately after the

offense, so that the association between the undesirable behavior and the punishment which follows such action will be strengthened.

5. Punishment should be of short duration.
6. Rewarding the child for accomplishments and other forms of desired behavior is of equal importance for the patterning of the child. As with punishment, reward must be designed to fit the particular child and family 'style.' Verbal recognition and praise is often as ego-building as special privileges, monetary reward, or gifts.

Independence Training

The parents (and teachers) must recognize the. . . child's prolonged need for direction and guidance, therefore dependence. However, social independence and the assumption of responsibilities should always be encouraged and fostered.

1. Daily or weekly chores around the home should be included, even though the 'quality' of the work may not satisfy the parents, e.g., picking up his own room, kitchen duties, yard duties, etc.
2. Encourage any special interest or talent which the child displays, e.g., sports, art work, hobbies, etc.
3. Encourage social activities with other children. If necessary, parents should seek out suitable playmates, and be willing to use the home as an 'activity center.' If a child is hyperactive, only one or possibly two playmates at a time may be best, with parents taking more supervisory role. . .
4. Independence training should be extended to all social spheres and activities as the child becomes able to handle them. Included would be such self-care activities as personal hygiene, selection of clothes to wear, dressing, going to school alone, handling money, purchasing items from stores, running errands, initiating own play activities, etc.[29]

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[29] Smith, Your Nonlearning Child, pp. 99-102, quoted in Sam D. Clements, Some Aspects of The Characteristics, Management And Education of The Child with Minimal Brain Dysfunction (England, Ark.: Arkansas Association for Children with Learning Disabilities, Inc.), pp. 43-48.

When children are discovered to have learning difficulties in school, it is then necessary to teach these children the information and skills they lack. This can be accomplished by strengthening the weak areas, working through the strong areas, and by finding new and more effective methods of teaching.

Several important things have been learned about the learning process in children. They include the following:

1. Children, especially those with learning disorders, learn best through activity. They learn through doing something rather than sitting back passively and being told or shown.

2. Intensive repetition may be very important for some disabled learners. Materials or skills which seemed at first too difficult may be mastered with more exposure and more opportunity to practice.

3. Teaching through as many senses as possible seems to work best.

4. Daily teaching seems to be best for the child. Short, frequent practice periods are always better than long practice periods once or twice a week.[30]

Out of all these observations grows conviction that

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[30]Margaret Golick, "A Parents' Guide to Learning Problems," Journal of Learning Disabilities, I (June, 1968), 370-371.

the real remedial work for a child with a learning disability must go on at home. The twice-a-week tutoring sessions at a clinic, or the half hour day adjustment periods at school, can only make a small dent in the problem. The only way of ensuring the repetition, the frequency, the variety, the activity and the real emotional impact is to incorporate remedial teaching principles into daily life. The training exercises which are used in a learning center may be boring and artificial at home. However, there is an enormous, often neglected, opportunity to engage them in the life of the household, to teach them real skills, and at the same time to work on their deficits.[31]

To approach home training, Golick suggests the following aids to develop a child's deficit area.

To Improve Visual Skills.

1. Tidying a room - learning to spot things out of place.

2. Dusting.

3. Hobbies - activities where the child is directed to differences in shape, size and color, and learns to spot them correctly.

4. At the supermarket - a list of items can be given to the child for him to find. If he cannot read yet, the child can be given a few labels of items to locate by

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[31]Golick, "A Parents' Guide," p. 371.

matching.

To Improve Motor Skills. (The aim is to ensure that the child can manage his body skillfully in large muscle movements and use his hands in many different precise movements).

1. Carrying parcels.
2. Hanging out the laundry.
3. Mopping, waxing floors.
4. Moving furniture.
5. Mowing lawns.
6. Raking leaves.
7. For hands and fingers, various kitchen activities can be used.

To Give Practice in Left-right Discrimination.

1. Table setting.
2. Organizing the boots and shoes in the cupboards, with mates together.
3. Sorting out all mittens and gloves and arranging them in pairs.
4. If a child consistently puts his shoes on the wrong feet, an outline on a cardboard mat beside his bed can show him how to place them.

To Help Visual-Motor Skills. (Precision in combining eye and hand movements).

1. Folding napkins.
2. Icing cakes.
3. Picking up paper and cigarette butts from the

lawn.

4. Playing side-walk games such as "Step-on-a crack, you'll break your mother's back."

5. Sorting nails, screws, nuts and bolts into jars.

To Strengthen Auditory Skills.

1. Listening for something specific such as a stove timer or an alarm clock.

2. Answering the telephone in order to learn to discriminate voices.

3. Listening to some of the recorded announcements on the telephone that repeat themselves indefinitely.

4. Listening to the radio to encourage direct listening for the weather report, the ski conditions or for the score of a baseball game.

5. Interesting conversation, slow and fed in short units without too many attractions, will help the child who assimilates speech poorly.

6. Regular reading aloud.

The following activities are to help concept development.

Categorizing.

1. Sorting laundry - into light and dark colors, children's and adults, cottons and woolens.

2. Putting away groceries - dividing them into refrigerator goods and pantry products, fruits and vegetables, fresh foods and canned goods.

Learning About Numbers.

1. Table setting.

2. Putting out milk bottles.

3. Helping to decide how many pieces of cake are needed for supper.

4. Using the measuring cup.

5. Helping with shopping.

6. Playing games - especially board games where a dot pattern on the dice is matched to the number of squares the player moves. Any game that requires keeping score is also helpful.

Learning through Real Experiences.

1. Going to the grocery store, the post office, and the bank to see that he understands their functions.

2. Giving some skills which will help develop his independence. This can be developed through teaching him to buy a newspaper or a loaf of bread from the store.

3. Helping him to learn the neighborhood through the use of traveling several routes.

4. Teaching him important addresses and telephone numbers.

5. Teaching the days of the week by tying them to specific activities or television programs that occur on each day.

6. Where necessary, helping to compensate for poor memories or poor perception by making crutches available to

him. The child can be given a calendar where the days of the week can be torn off or marked off to help him to keep track of the week. The gift of the first alarm clock or watch often creates a fascination with time that accomplishes what much instruction in time-telling failed to do.

Becoming Familiar with The Short-cuts And Conventions of Our Society.

1. The measuring device that records

a. time (clock, calendar)

b. distance (ruler, yard stick, mileage gauge on the car)

c. speed (speedometer)

d. temperature (a small thermometer in his room)

e. weight (bathroom scale, the grocer's scale)

2. Way of translating three dimensional space into two dimensions through the use of maps. A first step might be a map of the neighborhood or a treasure hunt, with a map of the house as a guide.

3. Way of translating time into two dimensions as done in comic strips and some diagrams and charts.

4. Learning to make use of telephone books, dictionaries, encyclopedias, cook books and the slide rule.

5. Learning to use the tools that extend one's capacities such as the telephone, binoculars, cameras and machines of all kinds.[32]

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[32]Golick, "A Parents' Guide," pp. 373-376.

The job of the parents of children with learning disabilities is a major one. They must see to it that the children have (1) opportunities to experience the world in a meaningful, exciting way; (2) chances to assume responsibilities; (3) opportunity to learn to use the common devices of society; (4) opportunity to learn games so that practicing a skill is fun; and (5) an opportunity to participate with other children, because this is where the most important lessons of childhood are learned.[33]

> Make your child feel important and worthwhile in the things that he does. Enjoy his contribution to family life. If you are happy that he is who he is, he will be happy with himself and be able to face a world in which few things come easily to the learning disabled.[34]

Summary

The first section of Chapter II describes both individual and group counseling programs directed by professionals to develop parental understanding towards learning disabled children.

Confusion comes naturally to parents from a lack of information about their child's learning difficulties and the absence of a directed treatment program. If not redirected, these feelings of confusion sometimes lead to the parents feeling defeated and frustrated.

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[33]Golick, "A Parents' Guide," p. 377.

[34]Kronick, They Too Can Succeed, p. 6.

The awareness that specialists have been studying these problems and have accumulated knowledge and skills which can be applied to the treatment of learning disabled children is encouraging. Counseling programs for parents of learning disabled children can be helpful for the following reasons:

1. The parents are informed about their child and his learning problems.

2. The parents are helped in adjusting to their child's problem by enforcing the feeling that they are doing things which will help their child develop and which will improve his welfare.

3. Parents are encouraged to talk about their problems in order to build understanding and cooperation with their learning disabled child.

The second part of Chapter II describes various home management and remedial techniques which can be utilized by parents to develop their child's areas of deficit. Through parents' energetic application of a handful of basic principles, their child will succeed in his own way.

At times, working with a learning disabled child is hard, demanding, frustrating work; at other times, it is a delightful, rewarding experience which magnifies the uniqueness of the child. The most important goal that must be kept in mind is the success of the child as a fully functioning person.

CHAPTER III

SUMMARY

> . . . Most parents love their children, most want to help them - if they can. But, they need information - layman's information - to give them clues to the nature of their child's problem, and a plan of action for ameliorating it. . .[1]

Parents usually are burning with questions after they find that their child has a learning disability. The most pressing question is, "What is wrong?" The second often is, "What can I do to help my child?"

The learning problem has particularly strong effect in the early and critical school years. It is important that the child receive help immediately. Many of the children are handicapped but only a few are being found and helped. Some need special and educational facilities which must be obtained from the funds of an unaware public. Most important, that worried, distraught, nonprofessional, the parent, needs understanding, counseling, and advice which is available in few places.

As indicated from the review of literature coun-seling, whether it is individual guidance or group

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[1]George W. Brown, M.D., "Suggestions for Parents," Journal of Learning Disabilities, II (February, 1969), 98, quoted in C. Ellingston, The Shadow Children (Chicago, Ill.: Topaz Books, 1967), 6.

discussion, must focus on helping parents to read the behavior of the child, as well as to provide guidelines for structuring the environment. More professional assistance and counseling programs and facilities need to be established for parents in order to develop their understanding and acceptance of their handicapped child.

Early counseling programs may assist parents in understanding the following:

1. They have a responsibility to their children and if the remedial program is to be successful, they must allow their children the emotional freedom to profit from the program.

2. They must realize that the program is designed to help their children to learn and to adjust to society.

3. They must maintain a consistent and accepting attitude and not become discouraged or overzealous by slow or rapid progress in their child's learning.

4. They must understand that it is the parents' responsibility to help prepare the child for life through the best school-home remedial program.[2]

In the past few years, professionals and lay persons have been touched by the plight of the learning disabled, and slowly they are responding by providing a variety of services. Although sophisticated diagnostic and treatment

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[2]John E. Bryant, "Parent-Child Relationships: Their Effect on Rehabilitation," Journal of Learning Disabilities, IV (June-July, 1971), 328.

criteria are evolving, there are still too few sources whereby parents might find direction in understanding and planning for their child and in solving the daily problems besetting their family.

"Just as skilled home care must follow hospitalization when one is ill, the family attitude and the home environment as a complement to the formal program are vitally important."[3] Even if one were to awaken to an abundance of services for learning disabled children, there still would be a role for parents to play. Parents must readjust their expectations and provide structure, consistency, acceptance, strength, and love.

In encouraging understanding, Kronick states the following words to fellow parents:

> Each parent of a handicapped child must work through his pain by himself. As fellow parents, however, we who have trod the path before can ease the added pain caused by too little direction. . . A pot of gold may not await us at journey's end, but together we might find a path that is straight and true.[4]

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[3]Kronick, They Too Can Succeed, p. iii.

[4]Ibid.

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